

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1877

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 107

1. PLACE OF DEATH:

(a) County. BUCHANAN
(b) City or town. ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2411 FELIX ST. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community. 70 Years
years, months or days)

3. (a) PRINT FULL NAME EMMA JONES

3. (b) If veteran, name war. - 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced. SINGLE
6. (b) Name of husband or wife SINGLE 6. (c) Age of husband or wife if alive. years
7. Birth date of deceased FEB. 14th 1970
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 10 If less than one day hr. min.

9. Birthplace ST. JOSEPH (City, town, or county) Mo. (State or foreign country)

10. Usual occupation DOMESTIC

11. Industry or business DOMESTIC

12. Name MERRIT JONES
13. Birthplace COLUMBIA MO. (City, town, or county) (State or foreign country)
14. Maiden name CARRIE DADE
15. Birthplace COLUMBIA MO. (City, town, or county) (State or foreign country)

16. (a) Informant ANNA MONTGOMERY

(b) Address 2411 FELIX ST.

17. (a) ASHLAND CEM. (Burial, cremation, or removal) (b) Date thereof JAN. 29 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery.

18. (a) Signature of funeral director J.F. Ramsey

(b) Address 1602 Messanie St.

19. Jan. 29, 1941 (Date received local registrar) (b) J.F. Ramsey (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN
(c) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL")
(d) Street No. 2411 FELIX ST.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 24th
year 1941 hour 2 p. m. minute 00 p. M.

21. I hereby certify that I attended the deceased from Jan 20 to Jan 24, 1941
that I last saw him alive on Jan 24, 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia 2 days.

Due to 37

Due to 37

Other conditions Influenza
(Include pregnancy within 3 months of death)
2 weeks

Major findings: none

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

85 (Specify type of place) While at work? (e) Means of injury

23. Signature Featon H. Howard (M. D. or other M.D.)
Address 1691 1/2 W. Mo. ave Date signed 1-29-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.
working under my personal supervision.

Signed.....

J. F. Ramsey

Licensed Embalmer No.

4081

P. O. Address.....

1602 Madison St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.